

**Payment Installment Agreement**

Our office provides a financial installment plan for the use when you are unable to pay out-of-pocket expenses at time of service. Please read and understand the terms of this agreement before singing.

* Your first payment is due upon initialing this agreement.
* Interest payment will be waived if you wake your scheduled payment.
* Interest will accrue for all late payment in the amount of 7% each day your payment is late.
* Minimum re-payment frequency is bimonthly (twice per month.)
* Installment plans must be secured by credit card. If for any reason, you default on your payment schedule, your credit card will be billed for your entire outstanding balance and interest charges will apply.

You agree to make the following regularly scheduled payment as outlined below:

|  |  |
| --- | --- |
| Amount  | Due |
|  |  |
|  |  |
|  |  |
|  |  |

I accept the terms of this agreement.

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card Authorization:**

I hereby authorize Heppe Chiropractic to keep my signature on file and charge my card.

|  |
| --- |
| Patient Name: |
| Cardholder: |
| Cardholder Address: |
| City: State: Zip: |
| Card number: Expiration Date: CCV: |
| Cardholder Signature: Date: |